

Memorandum

TO: All DSHS Prevention Contractors Implementing Community, Group, and Individual-Level

Program Models

FROM: HIV/STD Comprehensive Services Branch

DATE: October 29, 2004

SUBJECT: Recruitment

The guidance provided in this Technical Assistance Bulletin is based on seeking effective, reasonable and appropriate responses to implementation challenges of prevention interventions. Our experience, as well as those of TDH-funded prevention contractors, is evolving and new implementation issues are likely to arise that may change the guidance that is being provided in this TA bulletin. It is our intention to continue to provide the necessary TA for effective implementation of prevention interventions. We ask you to assist us in pointing out how issues may be better addressed and suggest responses, and/or policy or procedure changes that would help in implementing interventions.

Early in the HIV epidemic the public came to us for services. Calling on the phone, or stopping by our offices, we had the information needed to save lives. Those that didn't seek us out, we found access to through outreach screening efforts in bars, parks or other places.

1. Changing Our Ways

We can learn and build from prevention methods of the past, but we can no longer rely on them. Times have changed. The public today doesn't share the same urgency about HIV. Today, those who stop by our offices for testing tend to be the low-risk, the repeat testers, or the worried well. Some organizations test large numbers of people a year at health fairs or other such venues, yet find only one or two positives.

While it is laudable for us to want to serve everyone, including the low-risk, it is no longer feasible. In this time of limited resources, we need to put shrinking dollars to work where they're most needed, and where they'll be the most effective.

Active, targeted, focused recruitment of hard-to-reach, high-risk individuals is paramount.

2. Thinking Out of the Box

While outreach is no longer funded as a separate intervention, its importance has increased and it remains a central tool in the recruitment process. Research has shown education alone doesn't translate into behavior change; we also need to recognize outreach as more than condom distribution, education and screening.

Organizations need flexibility. Recruitment does not have to be stuck inside the box:

- Venture into new, less familiar areas. Complete a Community Assessment to find new places to target;
- Make better use of traditional screenings and group presentations. Think of these as
 recruitment opportunities! Planning, enthusiasm and effort must go into the
 active marketing of your intervention(s) to potential participants during these activities. A
 common error is to thoroughly plan the outreach activity and neglect to plan the recruitment
 piece. If you are not actively recruiting during outreach, these activities should be
 discontinued;
- Determine through data collection how many people you have to contact just to get one
 person to attend your intervention. Set goals to better this ratio the next time you do
 outreach;
- Use members of the population as peer advocates to identify where and how to recruit;
- Conduct focus groups with participants that have completed your intervention. Ask: why
 did they attend, what drew them in? Analyze their responses and some of the qualities of
 those who attend. Utilize this knowledge to revise screening criteria, or to bring a different
 twist to your tangible reinforcements;
- Get enthusiastic participants to bring a few of their friends who might be appropriate for the
 intervention, or to act as peer advocates to help spread the word to recruit new
 participants;
- Use house parties instead of the office for group sessions to allow people to attend the intervention in a safe, comfortable and easy-to-access space;
- Talk to other providers with the same intervention or population. How have they addressed recruitment issues?
- Change your working hours to better accommodate the needs and lifestyles of your population. Not all "business" in your community is conducted from 8am to 5pm, Monday through Friday.

3. Partnering with Other Agencies

Some organizations improve their recruitment efforts by partnering with other agencies. An organization implementing an intervention for intravenous drug users looks to treatment centers; while another organization focusing on adolescents might link up with a facility for incarcerated youth offenders. This approach makes sense as these venues provide excellent access to target populations.

Yet often it seems, the venue has gathered participants *based solely on who is available*. Group facilitators begin the first session with no knowledge of the individuals gathered in front of them. A treatment center with 30 residents does not automatically mean all 30 residents are appropriate participants for the intervention.

The original success of evidence-based interventions was due in no small part to the selection of participants. Even within venues such as drug treatment facilities and the like, it is important to take an active role to select participants based on risk behavior. Through the MOU process, meet with the key decision-makers and stakeholders within the venue. Talk about the needs of the venue, and the approach of the intervention. Issues include, but are not limited to: static groups, focus of risk behavior in the intervention, and a safe space. Remember: *Funding is provided for a population and an intervention, not a given venue*.

4. Steps in the Recruitment Process

- a. Defining and locating a population (examples: one-on-one interviews with people
 who interact with the population, internal discussions about what and who you
 know, mapping the community to determine areas of activity, gatekeeper
 interviews, focus groups with members of the population);
- b. Conversing with community members about your intervention (examples: partnering with other agencies, drug courts, media campaigns);
- c. Determining selection criteria for attendees, (examples: Who is appropriate for the intervention? What is the risk behavior addressed within the intervention?);
- d. Encouraging individuals to attend sessions (examples: group presentations, one-on-one conversations, recruitment interviews);
- e. Facilitating a full connection with participants (examples: establishing rapport, enhancing facilitator and counseling skills, tailoring interventions to meet the needs of your population);
- f. Maintaining interest in the intervention to retain individuals through to graduation (examples: client satisfaction surveys, connecting with each individual, problem-solving).

Soliciting communities and populations, the process of finding individuals and bringing them into our interventions is not a simple one. It takes time to collect data about a population, time to get to know gatekeepers, and time to "get in" with groups and individual members. It requires the dedication of resources, both money and time, to pull the population into your program.

If you have any questions or comments about this or any other technical assistance bulletin, please contact your Field Operations Consultant or your DSHS Regional staff.